

SAN LUIS OBISPO COUNTY SHERIFF'S DEPARTMENT
ANIMAL SERVICES DIVISION
885 Oklahoma Avenue, San Luis Obispo, CA 93405
(805) 781-4400
(805) 781-1065 - Facsimile

REPORT OF ANIMAL BITE

Directions:

Step 1: Doctor/Nurse must fill out "Report of Animal Bite" form, not the victim.

Step 2: Please ask ALL the questions, even when the victim and the animal owner are the same.

Step 3: Call or FAX information to Animal Services within 24 hours of taking the bite information, DO NOT mail the form. Call Monday through Saturday, 9am-5pm or FAX seven days a week, 24 hours a day

VICTIM INFORMATION

Bite Date: _____ Victim Name: _____

Victim Age: _____ Home Phone: _____ Work Phone: _____

Victim Address: _____

Parent/Guardian Name (if Minor): _____

INJURY INFORMATION

Date Treated: _____ Clinic Name: _____ Physician's Name: _____

Part of Body Bitten: _____

Description of Bite (Punctures, Tears, etc.): _____

Treatment: _____

ANIMAL OWNER INFORMATION

Owner Name: _____ Phone: _____

Address: _____

Directions if Necessary: _____

ANIMAL INFORMATION

Dog / Cat _____ Other: _____ Breed: _____ Small / Medium / Large _____ Male / Female _____

Age: _____ Name: _____ Color: _____

BITE INFORMATION

Address Where Bite Occurred: _____

Public / Private Property _____ Time Occurred: _____ am / pm _____ Owner Present: Yes / No _____

Circumstances of Contact (what was victim doing when bitten): _____

